

SEP 22 2005

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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Jonathan M. Foreman – Group Art Unit: 3736

FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment

FACSIMILE NUMBER: (571) 273-8300

**CONFIRMATION
TELEPHONE:** 571.272.4724 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: September 22, 2005

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-00201

TOTAL # OF PAGES: 19
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Response to the Office Action mailed 3/23/2005 in connection with patent application Serial No. 10/010,213, filed December 4, 2001.

Please confirm receipt of this facsimile.

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NOTE: Original will NOT follow

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **METHODS AND APPARATUS FOR
SECURING MEDICAL INSTRUMENTS TO
DESIRED LOCATION IN A PATIENT'S
BODY**

Examiner: Jonathan M. Foreman

Group Art Unit: 3736

Serial No.: 10/010,213

Filed: December 4, 2001

Atty. Docket No.: R0367-00201

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 276-8300, addressed to Examiner Jonathan M. Foreman, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 22, 2005, in San Francisco, CA.

Anne Marie Leavy

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 3/23/2005 and Change of Correspondence Address.
- Claim Fee Calculation
☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Ref. Code	Claims	Extra	Rate	Fee
Independent Claims	2201	4 - 5 =	0 x	\$100=	\$ 0
Total Claims	2202	16 - 42 =	0 x	\$25=	\$ 0

Total Fees Due.....\$ -0-

- Additional fees: Request for Extension of Time for three (3) months from June 23, 2005 to September 23, 2005 pursuant to 37 CFR 1.17(a)(3).....\$510.00
- Payment of Fees
☐ Enclosed is a check for the total fees due in the amount of ____.
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00201. A duplicate copy of this transmittal is enclosed.

09/23/2005 CNGUYEN 00000069 041679 10010213

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